State Advisory Committee on Substance Abuse Services
April 4, 2011 - 1:00PM to 3:00PM
Telephone Conference Call
Draft Minutes

Present :(8) Corey Brockway, Ann Ebsen, Jay Jackson, Janet Johnson, Vicki Maca, Brenda Miner, Laura Richards, Randy See

Absent (2): Linda Krutz, Delinda Mercer

DHHS Staff Present: Scot Adams, Bob Bussard, Renee Faber, Jim Harvey, Nancy Heller

Guests Present: Judie Moorehouse, Joshua Robinson

Welcome/Introductions
Chairperson Ann Ebsen called the meeting to order at 1:04 p.m. Committee members briefly introduced themselves.

Attendance – Determination of Quorum
Roll call taken by Jim Harvey and quorum was met.

Approval of December 7, 2010 Minutes
Motion made by Corey Brockway to approve minutes, seconded by Laura Richards. Motion adopted by unanimous voice vote.

Approval of Agenda
Motion made by Brenda Miner to approve today's agenda, seconded by Corey Brockway. Motion adopted by unanimous voice vote.

Public Comment
No public comment.

Updates

Division Announcements – Jim Harvey
Strategic Plan - The Division of Behavioral Health Strategic Plan was approved on February 18, 2011 and is available for viewing on the DBH website.

Title 206 Behavioral Health Regulations - The Public Hearing for the Regulations is on Thursday, April 7, 2011 at 1:30 p.m. in the Nebraska State Office Building, Lower Level – Conference Room A.

December 2011 Meeting Date Change – Jim Harvey
The meeting approved and scheduled for December 6, 2011 will need to be re-scheduled. Two dates were proposed to the Committee. The Committee agreed to change the meeting date to Thursday, December 1, 2011. The location will remain at the Country Inn & Suites in Lincoln, NE, and the time will remain from 9:00 a.m. to 3:00 p.m.

Behavioral Health Consumer Survey – Jim Harvey **Attachment A**
The handout from Paula Hartig was sent to the Committee members. The "Smoking Status of Adult Consumers" slide was highlighted, pointing out that 58.6% of Substance Abuse consumers report smoking every day as opposed to 14% of the General Population who report smoking every day.

Tobacco Free Nebraska – Jim Harvey **Attachment B**
The handout from the Tobacco Free Nebraska program was sent to the Committee members. The Committee was advised to review it and present questions or concerns to DBH for follow-up.

practices and discussing a new direction/focus. Nancy reviewed the Peer Review Report from FY11 and revealed the providers who were reviewed as Community Mental Health Center in Lincoln, Goodwill Industries of Greater Nebraska, Inc. in Grand Island, Heartland Counseling Services in O'Neill, Human Services, Inc. in Alliance, Mary Lanning Memorial Hospital in Hastings, and NOVA Therapeutic Community in Omaha.

Committee Action

Review of By-Laws – Ann Ebsen and Jim Harvey **Attachment G**
The By-Laws amendments include: Article V – Officers, Section 2 and Section 4 change *Secretary* to *Second Vice Chairperson*, and Section 3 Term: *At any time that a member cannot complete the term of office a new election shall be held to fill the vacancy*. Corey Brockway made a motion to approve the By-Laws as amended, and Randy See seconded the motion. The motion was unanimously approved.

Election of Officers – Ann Ebsen and Jim Harvey
Laura Richards made a motion and Corey Brockway seconded the motion that Ann Ebsen be nominated for Chairperson, Brenda Miner be nominated for Vice Chairperson, and Randy See be nominated for Second Vice Chairperson. The motion was unanimously approved.

Director's Report – Scot Adams
Dr. Adams reported the Division of Behavioral Health Strategic Plan was approved on February 18, 2011. He invited the Committee to view it on the DBH website. Dr. Adams reported a concern about the role of Substance Abuse in Mental Health reform, and that the Division understands that Behavioral Health is not only Mental Health.

Public Comment
No public comment.

Substance Abuse Committee Questions/Recommendations to DBH
No questions/recommendations.

Agenda Items for May 3, 2011 Meeting
None were offered at this time, but suggestions can be e-mailed to the Division

Plus/Delta
--The conference call went well so as not to lose a meeting time, but the Committee members still prefer face-to-face meetings.
--Everyone misses the good food at Country Inn & Suites.

Adjournment
Motion to adjourn meeting was made by Corey Brockway and seconded by Laura Richards. Motion adopted by unanimous voice vote. Meeting adjourned at 2:40 p.m.

The next meeting date is May 3, 2011 at the Country Inn & Suites, which will be a Joint Committee meeting with the Substance Abuse, Mental Health, and Problem Gambling Committees.

Prepared by: Nancy Heller, Program Specialist

Approved by: _____ Date 4/21/2011
Federal Resources Manager
Division of Behavioral Health

Attachment A

2010 Behavioral Health Consumer Survey

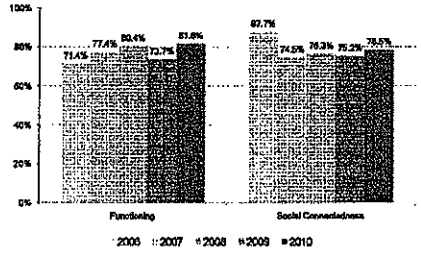
In 2010, three standardized instruments were used:

- The 28-Item Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey (augmented with 11 questions on improved functioning and social connectedness and one new question on Quality of Life)
- The MHSIP Youth Services Survey (YSS)
- The MHSIP Youth Services Survey for Families (YSS-F)

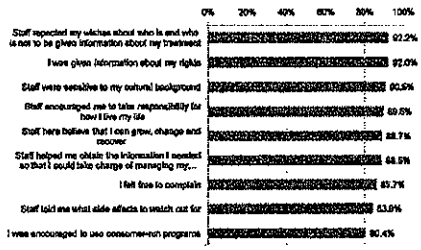
Consumer Survey Sample

a. How many Surveys were Attempted (sent out or calls initiated)?	4,821	3,002	5,199	6,090	8,497	6,750
b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)	1,597	1,471	2,145	3,238	3,748	3,001
c. How many surveys were completed? (survey forms returned or calls completed)	749	795	1,170	1,619	1,090	1,124
d. What was your response rate? (number of Completed surveys divided by number of Contacts)	48%	54%	55%	31%	29%	37%
a. How many Surveys were Attempted (sent out or calls initiated)?	788	1,667	1,037	784	928	701
b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)	487	660	537	306	473	410
c. How many surveys were completed? (survey forms returned or calls completed)	235	466	284	128	135	228
d. What was your response rate? (number of Completed surveys divided by number of Contacts)	47%	63%	47%	42%	32%	57%

Functioning and Social Connectedness Scales
% of Responses That Were Positive
2006 - 2010

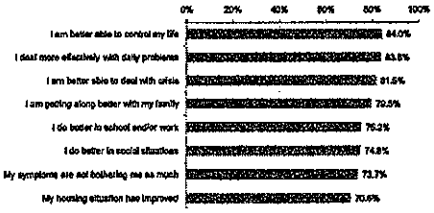


Questions on **Quality/Appropriateness** Scale
% of Respondents Agreeing with Each Item

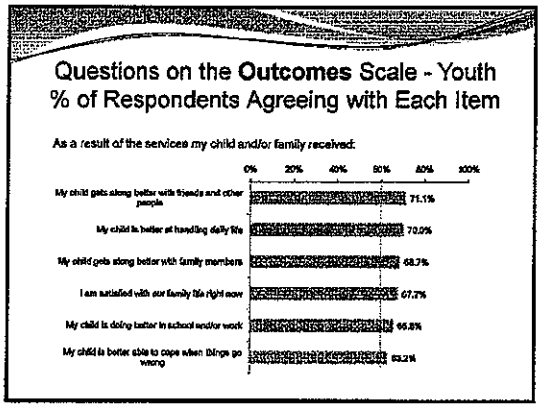


Questions on **Outcomes** Scale - Adults
% of Respondents Agreeing with Each Item

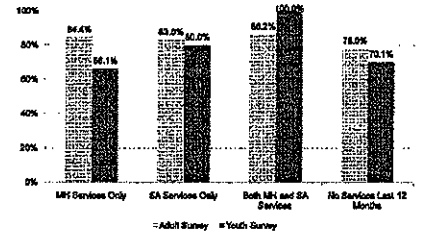
As a result of the services received:



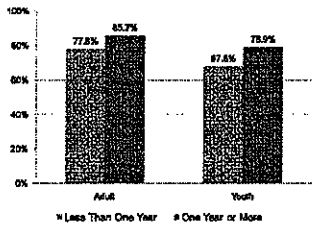
Questions on the **Outcomes** Scale - Youth
% of Respondents Agreeing with Each Item



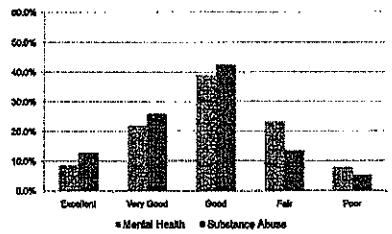
Quality of Life Question: The services you received at [Provider Name] has improved your quality of life.
% Agreeing by Type of Services Received



Quality of Life Question: The services you received at [Provider Name] has improved your quality of life.
% Agreeing by Length of Time Receiving Services

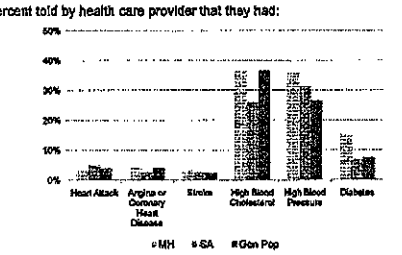


General Health Status by Type of Service Received

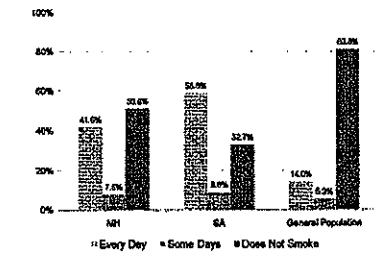


Chronic Physical Health Conditions of Adult Behavioral Health Consumers

Percent told by health care provider that they had:



Smoking Status of Adult Consumers



Attachment B

Substance Abuse Advisory Committee Meeting
March 8, 2011

PRESENTATION
BY
TOBACCO FREE NEBRASKA

By Judy Martin & Shirley Deethardt

The Toll of Tobacco in Nebraska

- 2,200 adults die each year from their own smoking
- 16.7% (223,100) adults in NE smoke
- 36,000 kids now under 18 and alive in Nebraska will ultimately die prematurely from smoking
- 280 adult nonsmokers die each year from exposure to secondhand smoke

The Toll of Tobacco in Nebraska

- Annual health care costs in Nebraska directly caused by smoking reach $537 million
- The portion covered by the state Medicaid program is $134 million
- Residents' state and federal tax burden from smoking-caused government expenditures reaches $575 per household
- Smoking-caused productivity losses in Nebraska total $500 million

Nebraska Efforts

- In 2000, the Nebraska Legislature allocated $7 million a year for three years for a statewide comprehensive tobacco prevention and cessation program to:
  - Help people quit,
  - Eliminate exposure to secondhand smoke,
  - Keep youth from starting, and
  - Eliminate tobacco-related disparities.
  - Since 2004, the Nebraska Legislature has invested about $3 million per year to advance these goals.

Program Components

- The Nebraska Tobacco Quitline provides cessation counseling to tobacco users who want to quit or former users who want to stay quit.
- Community Grants – Nine community coalitions throughout the state provide a collaborative partnership through which tobacco prevention and secondhand smoke interventions are implemented.
- Media Campaign – Media efforts target preventing youth tobacco use, exposure to secondhand smoke and promoting the Nebraska Tobacco Quitline.

Program Components

- Nebraska's Youth Empowerment Movement is No Limits. A youth-led movement that engages youth to help prevent tobacco use.
- Measuring Progress (Surveillance and Evaluation). Tobacco Free NE measures and monitors the progress of the tobacco program goals and objectives via a variety of state specific data sources.
- Collaboration and outreach with populations (and agencies serving those populations) experiencing tobacco-related disparities.

Why Quit?

- Nearly half of all cigarettes consumed in the U.S. are by individuals with a psychiatric disorder.
- People with serious Mental Illness, on average die 25 years younger than the general population – largely from conditions caused or worsened by smoking.

Reducing Tobacco Use

- Help consumers and staff quit using tobacco
- Support health, wellness and recovery!

Smoking Prevalence Among People with Mental Illness

Major Depression	50-60%
Anxiety disorder	45-60%
Bipolar Disorder	55-70%
Schizophrenia	65-85%

Source: Presentation at NASMHPD Medical Directors council Technical Report meeting on Smoking Policy and Treatment in State Psychiatric Hospitals, April 20-21, 2006. San Francisco, California. Delucchi et al.

Peer to Peer Training

- First training in October
- Looking towards second training in spring or summer.

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Attachment C

From the **Nebraska Behavioral Health Services Act**

Section 71-814 Revised Statutes Chapter 71
State Advisory Committee on Mental Health Services; created; members; duties.

(1) The State Advisory Committee on Mental Health Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of mental health services in the State of Nebraska. The committee shall consist of twenty-three members appointed by the Governor as follows: (a) One regional governing board member, (b) one regional administrator, (c) twelve consumers of behavioral health services or their family members, (d) two providers of behavioral health services, (e) two representatives from the State Department of Education, including one representative from the Division of Vocational Rehabilitation of the State Department of Education, (f) three representatives from the Department of Health and Human Services representing mental health, social services, and medicaid, (g) one representative from the Nebraska Commission on Law Enforcement and Criminal Justice, and (h) one representative from the Housing Office of the Community and Rural Development Division of the Department of Economic Development.

(2) The committee shall be responsible to the division and shall (a) serve as the state's mental health planning council as required by Public Law 102-321, (b) conduct regular meetings, (c) provide advice and assistance to the division relating to the provision of mental health services in the State of Nebraska, including, but not limited to, the development, implementation, provision, and funding of organized peer support services, (d) promote the interests of consumers and their families, including, but not limited to, their inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation, and research, (e) provide reports as requested by the division, and (f) engage in such other activities as directed or authorized by the division.

Source:
Laws 2004, LB 1083, § 14;
Laws 2006, LB 994, § 93;
Laws 2007, LB296, § 460.
Operative date July 1, 2007

enforcement official's time during combined Synar and enforcement inspections regardless of the existence of a State law requiring their presence. The use of SAPT BG funds to pay for enforcement inspections that are not combined with Synar inspections will continue to be unallowable, and the use of SAPT BG funds to pay for law enforcement official's time outside of the Synar inspection is also unallowable (i.e., time spent completing paperwork and/or court appearances related to issued citations). This full explanation of this revision can be found in the attached document titled Revised Synar Guidance.

What does the future hold for tobacco compliance inspections?

- Fund a statewide comprehensive tobacco prevention
- integrate Synar activities with other primary prevention efforts.

Renee Faber, Prevention System Coordinator
DHHS Division of Behavioral Health
P.O. Box 95026 Lincoln, NE 68509-5026
Phone 402.471.7772 ~ Cell 402.416.2086 ~ Fax 402.471.7859
renee.faber@nebraska.gov

Lincoln Medical Education Partnership

TRAINING FOR ADDICTION PROFESSIONALS

Attachment D

Contract: DHHS-BH-FY11-SA COUNSELOR TRNG

Contacts:

Adolescent & Family Health Division Director: Kelly Madcharo (402) 483-4581 ext. 247 kmadcharo@lmep.com
TAP Program Coordinator: Joshua Robinson (402) 483-4581 ext. 282 jrobinson@lmep.com
TAP Program Assistant Coordinator: Nancy Folkert (402) 483-4581 ext. 328 nfolkert@lmep.com

Core Education

Course Title	Hours	Date	Location	Instructor	# of Participants
Medical/Psychosocial Aspects	45	January 10-15, 2011	Lincoln, NE Region V	Charles Thiessen, LADC, LMHP	9
Clinical Treatment Issues	30	February 7-10, 2011	Lincoln, NE Region V	Kim Spargo, LADC	15
Multicultural Counseling	30	February 21-24, 2011	Lincoln, NE Region V	Charles Thiessen, LADC, LMHP	9
Alcohol/Drug Assessment	30	March 7-10, 2011	Lincoln, NE Region V	Larry Duncan, LADC, LMHP	18
Counseling Theories and Techniques	45	March 21-26, 2011	Lincoln, NE Region V	Ed Hill, PhD, LADC	8
Group Counseling	45	April 11-16, 2011	Lincoln, NE Region V	Kim Spargo, LADC	TBD
Medical/Psychosocial Aspects	**45**	**May 16-21, 2011**	**North Platte, NE Region II**	**Cindy Betka, LADC**	**TBD**
Professional Ethics and Issues	15	May 23-24, 2011	Lincoln, NE Region V	Topher Hansen, JD Charles Thiessen, LADC, LMHP	TBD
Human Growth and Development	30	June 27-30, 2011	Lincoln, NE Region V	Rose Suggett, PhD	TBD

ASI/CASI Trainings

Course Title	Hours	Date	Location	Instructors	# of Participants
CASI	20	December 10-11, 2010 and January 21, 2011	Lincoln, NE Region V	Kate Speck, PhD, LADC Cindy Betka, LADC	19
ASI	20	February 11-12 and March 12, 2011	Lincoln, NE Region V	Brad Shay, LADC, LMHP Robert Walton, LADC, LMHP	24
CASI	20	March 4-5 and April 9, 2011	Lincoln, NE Region V	Kate Speck, PhD, LADC Cindy Betka, LADC	25
ASI	**20**	**April 1-2 and April 30, 2011**	**Columbus, NE Region IV**	**Brad Shay, LADC, LMHP Robert Walton, LADC, LMHP**	**25**
ASI	20	April 8-9 and May 14, 2011	Lincoln, NE Region V	Pam Kaliff, LADC, LMHP Gail McCoy, LADC, LMHP	TBD
CASI	**20**	**May 13-14 and June 18, 2011**	**Omaha, NE Region VI**	**Kate Speck, PhD, LADC Cindy Betka, LADC**	**TBD**

July - December 2011 Criminal Justice Trainings*

Course Title	Hours	Target Date	Location	Instructors	Cost
The Ethical Counselor	6	July 2011	Host Site :Lincoln, NE Satellite Site: TBD	Robin Hinrichs, LADC, LMHP	$75.00
Motivational Interviewing for Criminal Offenders	6	August 2011	Host Site: Lincoln, NE Satellite Site: TBD	Kate Speck, PhD, LADC	$75.00
Conflict Management for Substance Abuse Offenders	6	October 2011	Host Site: Lincoln, NE Satellite Site: TBD	Christine Salvatore, LMHP, LMFT	$75.00
Addictive & Criminal Behaviors of Adolescent Girls	6	November 2011	Host Site: Lincoln, NE Satellite Site: TBD	Cindy Betka, LADC	$75.00

*** Courses offered video conferencing (Region I, II, III, IV, or VI). Actual dates and locations have NOT been confirmed as of today's date.**

July - December 2011 ASI/CASI Trainings*

Course Title	Hours	Target Date	Location	Instructors	Cost
ASI	20	July/August 2011	Lincoln, NE Region V	Brad Shay, LADC, LMHP Robert Walton, LADC, LMHP	$130.00
CASI	20	August/September 2011	Lincoln, NE Region V	Kate Speck, PhD, LADC Cindy Betka, LADC	$130.00
ASI	20	August/September 2011	Lincoln, NE Region V	Pam Kaliff, LADC, LMHP Gail McCoy, LADC, LMHP	$130.00
CASI	20	October/November 2011	Lincoln, NE Region V	Kate Speck, PhD, LADC Cindy Betka, LADC	$130.00
ASI	20	October/November 2011	Lincoln, NE Region V	Brad Shay, LADC, LMHP Robert Walton, LADC, LMHP	$130.00

*** Actual dates and locations have NOT been confirmed as of today's date.**

To: David Palm **Attachment E**
From: Jim Harvey,
Date: January 31, 2011
Subject: State Epidemiological Outcomes Workgroup (SEOW)

Within the Substance Abuse Prevention And Treatment Block Grant under ...
Planning: Needs Assessment and Utilization **1. Planning** is the following requirement ...

> Those States that have a **State Epidemiological Outcomes Workgroup (SEOW)** must describe its composition and contribution to the planning process for primary prevention and treatment planning. States are encouraged to utilize the epidemiological analyses and profiles to establish substance abuse prevention and treatment goals at the State level.

The text below is what the CSAT reviewer requested as a change to the 2011 SAPTBG application.

2. The application does not provide an adequate description the role the SEOW plays in the planning process for treatment planning and establishing State substance abuse treatment goals.

The NE reply:

In Nebraska, the State Epidemiological Outcomes Workgroup (SEOW) is called the Nebraska Substance Abuse Epidemiology Workgroup (NSAEW). While the NSAEW is a committee supported by the NE Division of Public Health, the Division of Behavioral Health (DBH) has been an active participant on the NSAEW since it was formed in March 2007. The NSAEW regularly uses data from the DBH's community based substance abuse treatment Magellan information system. Also, at the June 25, 2009 NSAEW meeting, DBH staff specifically discussed the work involved in updating Form 10a (at the time Form 7a) "Treatment Utilization Matrix" and Form 10b (at the time Form 7b) "Number Of Persons Served For Alcohol And Other Drug Use In State Funded Services".

Within Nebraska, the treatment goals component is considered a duty of the State Advisory Committee on Substance Abuse Services (SACSAS), a committee managed by the DBH, and not of the NSAEW. The SACSAS is authorized under State Statute and is appointed by the Governor. Under State Statute [§71-815(2)(b)] the SACSAS provides advice and assistance to the DBH on the provision of substance abuse services in the State of Nebraska. By state statute, the SACSAS is a public meeting. DBH uses SACSAS to review the Substance Abuse Prevention and Treatment Block Grant on a regular basis. The SACSAS is specifically used for the public hearing requirement of the Block Grant.

Jeff Armitage, the Substance Abuse Epidemiologist with the Division of Public Health, who also provides support to the NSAEW, will start attending the SACSAS meetings to enhance collaboration and information sharing between the two groups. Over the next year, the Division of Public Health will also start exploring the use of the NSAEW's involvement in collecting, analyzing, and reporting substance abuse treatment data and establishing substance abuse treatment goals.

NABHO

ATTACHMENT B

Substance Abuse Prevention and Treatment Block Grant
Title 45: Public Welfare PART 96—BLOCK GRANTS · Subpart L

§ 96.136 Independent Peer Review.

(a) The State shall for the fiscal year for which the grant is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved, and ensure that at least 5 percent of the entities providing services in the State under such program are reviewed. The programs reviewed shall be representative of the total population of such entities.

(b) The purpose of independent peer review is to review the quality and appropriateness of treatment services. The review will focus on treatment programs and the substance abuse service system rather than on the individual practitioners. The intent of the independent peer review process is to continuously improve the treatment services to alcohol and drug abusers within the State system. "Quality," for purposes of this section, is the provision of treatment services which, within the constraints of technology, resources, and patient/client circumstances, will meet accepted standards and practices which will improve patient/client health and safety status in the context of recovery. "Appropriateness," for purposes of this section, means the provision of treatment services consistent with the individual's identified clinical needs and level of functioning.

(c) The independent peer reviewers shall be individuals with expertise in the field of alcohol and drug abuse treatment. Because treatment services may be provided by multiple disciplines, States will make every effort to ensure that individual peer reviewers are representative of the various disciplines utilized by the program under review. Individual peer reviewers must also be knowledgeable about the modality being reviewed and its underlying theoretical approach to addictions treatment, and must be sensitive to the cultural and environmental issues that may influence the quality of the services provided.

(d) As part of the independent peer review, the reviewers shall review a representative sample of patient/client records to determine quality and appropriateness of treatment services, while adhering to all Federal and State confidentiality requirements, including 42 CFR Part 2. The reviewers shall examine the following:

(1) Admission criteria/intake process;
(2) Assessments;
(3) Treatment planning, including appropriate referral, e.g., prenatal care and tuberculosis and HIV services;
(4) Documentation of implementation of treatment services;
(5) Discharge and continuing care planning; and
(6) Indications of treatment outcomes.

(e) The State shall ensure that the independent peer review will not involve practitioners/providers reviewing their own programs, or programs in which they have administrative oversight, and that there be a separation of peer review personnel from funding decision makers. In addition, the State shall ensure that

STATE ADVISORY COMMITTEE FOR SUBSTANCE ABUSE SERVICES
March 8, 2011
INDEPENDENT PEER REVIEW

- Contract between DHHS and the Nebraska Association of Behavioral Health Organizations (NABHO)

- Last Contract period – FY10 (December 1, 2009 until September 30, 2010)

- Total Contract amount - $24,500
  - ✓ $5,000 – Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
  - ✓ $5,000 – Community Mental Health Services Block Grant (CMHSBG)
  - ✓ $4,500 – One-time funding – Olmstead Grant-SAMHSA
  - ✓ $3,000 – Alcohol Data Collection Grant (SOMMS)
  - ✓ $7,000 – State General Funds

- The purpose of this Contract is to provide Independent Peer Review Services to assess the quality, appropriateness, and efficacy of substance abuse treatment and/or mental health therapy services provided in Nebraska.

- The Contractor is required to follow the CMHSBG and SAPTBG for Peer Reviews. (see additional handout)

- The Contractor identifies and trains qualified Peer Reviewers, schedules and conducts reviews representative of a geographical, categorical cross section of service programs, and submits a report to DHHS reflecting the results of all Peer Reviews conducted.

For more information, please contact Nancy Heller, DHHS Program Specialist, at 402-471-7823 or nancy.heller@nebraska.gov

Demographic Information for Nebraska's 2009-2010 Peer Review

Percent Ethnic/Racial Groups Served Composite

		% Breakout by Program						
		A	B	C	D	E	F	TOTAL
%	Caucasian	64	98	92	90	86	56	**81.00**
%	African American	0	0	1	2	5	26	**5.67**
%	Hispanic	14	1	4	5	4	12	**6.67**
%	Native American/Alaskan	21	1	1	2	2	4	**5.17**
%	Asian/Pacific Islander	1	0	1	0	1	2	**0.83**
%	Other	0	0	1	1	2	0	**0.67**

Percent Gender Served Composite

		% Breakout by Program						
		A	B	C	D	E	F	TOTAL
%	Female	28	60	48	60	48	42	**47.67**
%	Male	72	40	52	40	52	58	**52.33**

Percent Ages Served Composite

		% Breakout by Program						
		A	B	C	D	E	F	TOTAL
%	Adolescent	0	6	0	3	0	38	**7.83**
%	Elderly	0	2	17	5	0	0	**4.00**
%	Adult	100	88	83	92	100	40	**83.83**

- There was clear evidence in the Board notes that there are ongoing discussions and updates regarding the fiscal management of the program.

- The facility grounds and equipment are well maintained. The facility looked and felt very home like and friendly. The facility was clean and well organized. This reviewer also found references to work orders and documentation of maintenance issues throughout various meeting minutes.

- There is clear evidence that the agency emphasizes employee code of ethics. The policy is well defined and specific, but it is also signed off and prominently located in each personnel file.

- Agency A had a thorough and specific risk management plan. This plan defined each area of identified risk as low, medium, or high. Additionally, the agency provided detail as to how each risk area would be addressed and dealt with.

- There is a strong emphasis on health and safety. There are numerous well defined policies pertaining to health and safety and there was evidence of incident reports. There were also health and safety meeting minutes and agendas.

Identified Areas for Improvement:

- Although treatment plans are individualized, there does not appear to be a clear process for gauging and indicating progress towards each goal and/or service activity throughout treatment. This reviewer recommends that Agency A incorporate a standardized tracking tool that clearly measures and documents specific progress towards each treatment goal and the assigned objectives.

- Outside of the PTA information received prior to admission, there does not appear to be a consistent process that assesses a client's current mental status as it relates to feelings, thoughts, or gestures of self-harm at admission or during the duration of treatment. Taking into consideration the at-risk population served at Agency A, this reviewer recommends the agency complete a BECK Screening Tool on all admitted clients to better gauge the client's mental status as it relates to self-harming feelings or thoughts upon admission.

- Open client files that were reviewed appeared to lack organization and a consistent pattern of structure and documentation of ongoing activities and progress. Agency A attributed the disorganization to being "understaffed" and self-reported being "behind on transferring audio transcriptions to paper documentation". This reviewer recommends that Agency A take the necessary steps towards getting caught up with their filing and documentation. This may include, but not limited to putting together a documentation timeline, delegating and assigning documentation and filing duties with timeframes, or soliciting assistance from community volunteers to help the agency get caught up during this time of being understaffed.

- The by-laws indicate that a sub-committee of the Board of Directors will be formed and be known as the Advisory Committee. This committee is not active and there are no minutes

- Medical consultation is provided.
- Client information is provided in Spanish.
- Staff make allowances for individual needs of clients.
- Dual Diagnosis capable programs are available.
- Agency uses the ASAM Criteria which helps to establish a reference for suitable placement needs of the client.
- Admission information is collected in detail through various documents.
- Trauma history of the client found in the intake (CSSI-A).
- Client strengths, needs, abilities and preferences are documented.
- Orientation is met with various documents and checklists presented to the client for signatures to attest to acknowledgement.
- Facility is viewed as safe and emergency instructions are clearly posted.
- Clients are active in identifying their needs in orientation, assessment and in treatment plans.
- Questionnaires and surveys are used to measure client satisfaction.

Identified Areas for Improvement:

- The agency would benefit the clients further with more emphasis on the effects of trauma in their lives.
- Training to become more trauma-informed would be beneficial to the staff, as well as annual training on TIN.
- How the client understands the use of restrictions to rights or privileges is somewhat unclear.

Agency C

Identified Strengths:

- Policies exist that promote & protect the rights of persons served. Organization management policies and methods in place.
- Clients are actively involved in service planning, implementation of treatment services plans and ongoing evaluation. "Allen" scoring is used ongoing. Speak-up brochures & schedules are used.
- Policies are on written file behind nurse's stations and on-line for employee's access.

- Information on accessibility of patients/clients. Get this feedback.
- Involve patients/clients on data collection/sharing, strategic planning priorities.
- Information management policies didn't capture all the positive things they are doing.

Agency D

Identified Strengths:

- The organization has a very clearly defined leadership structure and very detailed job descriptions that are reviewed on a consistent basis. The governance authority provides active oversight of program operations as evidenced through detailed meeting minutes that were available for review. In addition, it should be noted that the code of ethics was very specific and located in new hire packets and in personnel files at annual reviews.
- Annual budgets are reviewed and approved by the governance authority as evidenced by review. There are no client fees for the program. Protection of employees was also noted in the Financial Ethics and Accountability Policy, which included "Whistle Blower Protection" to someone if a report was made.
- Strategic planning is occurring and ongoing. Current goals lists were focusing on 2009-2012 and were planned during an employee retreat in July of 2008. The plan included the mission and measurable goals and objectives.
- It was very clear that the health & safety of the clients and staff is a priority for this agency. Each client has their own Safety and Wellness Plan. There is a Safety Committee (consisting of equal representation from employees and management) that meets on a regular basis. In addition, the facility and grounds were very clean and neat. There were clearly posted signs for exits, tornado safety areas, fire extinguishers, evacuation plans, etc. Drills are conducted during service hours and clients participate in the drills. Grounds and equipment are accessible to persons with disabilities and special needs. Incident reports are written within twenty-four hours of the incident and reviewed by the department direction. All incident reports are then compiled on an annual basis and presented to the Board of Directors.
- Participant satisfaction is measured by the results of the Consumer Recovery Outcome System (CROS) surveys completed by participants utilizing services. This was a new measuring tool for them this year. Satisfaction is scored by the participants in:
    - The amount of information they received about their mental illness
    - The choices they got about their care
    - The amount of activities or groups offered to help cope with their mental illness
    - The help they received finding services they needed in the community
    - The availability of crisis services when they needed them

  94% of Community Services Support participants reported a 75-100% level of satisfaction, and 91% of Day Services participants reported a 75-100% level of satisfaction. They have also established the "Consumers for Change" (CFC) committee which enables participants

- The organization uses Quality Improvement Report Cards as a tool to assess the needs and preferences of the persons being served. These report cards are offered to each client at the time of each service. They are confidential and reviewed by the Executive Director who then feeds the information provided back to all employees in the monthly newsletter. The newsletter communicates both strengths identified and recommendations made for improvements. It is a nice way to close the loop from the stakeholders to the provider. Other quality improvement measures include gathering data from current clients, alumni, family members and community meeting discussions.

- Communication is identified as a strength of this program and the overall organization. The monthly newsletters also include updates on Safety, Employee Recognition, Community Support, IT reports, CQI reports as well as the stakeholders input from the report cards.

- The organization has a sufficient number of qualified personnel to meet the needs of persons served. Job descriptions are reviewed annually, are thorough and continued education received on site and through outside conferences are tracked in their training record. These employees are held to the organizations policies and procedures as well as their licensing requirements to maintain confidentiality of patient information. The organization has policies and procedures in place to protect and retain administrative and clinical records. Personnel files are kept on all current employees and maintained by Human Resources.

- This facility is very client-focused. The client is able to request which therapist or group leader they wish to have, otherwise the staff has been working together long enough that Program Director knows who to recommend for the best fit.

- Client writes out his own treatment plans/goals, then staff writes up the professional copy.

- Clients discuss continued care plans at first visit, then client completes weekly goal sheets, they complete their own Mental Health Safety-Relapse Plan, and has names and numbers of doctors, therapists, and others who will help them, along with working on coping strategies.

- They praise them for the art work they do, which is a craft they do bi-weekly, then they sell the art work, and it is displayed through-out the facility.

- The entire staff was very helpful, all pulled together and have been working together for several years. They were all present for the discharge meeting we had.

- They have a great out-reach program for families. On Friday's they have a "Drop-In" day, which is for past clients just to come in for the afternoon to visit, play card, games, etc, and family is encouraged to come in as well. They also have a Family Support group on Wednesday nights, however, not many family members participate, as many of the clients are older and families do not wish to participate. Some clients don't want family involved.

in how to use this instrument noted, reviewed smoking cessation program and explored viable options to reduce medication error such as getting the pharmacy to blister pack medications.

- The organization has a clear written code of ethics that addresses business and clinical conduct for professionals specific to the Therapeutic Community Model. This agency adheres to the ASPIRE to Excellence model.

- Outside consumers expressed satisfaction with the treatment provided by Agency F. The caseworker interviewed stated that she is kept well informed and regularly attends treatment reviews for your youth. Youth interviews support caseworker's involvement in their treatment. Both indicate youth are responsible for determining their goals which instills true ownership and commitment.

- The organization has a system for collecting, analyzing and using information deemed relevant for promoting quality service and enhancing communication with program stakeholders. Follow up surveys are used to track success rates of clients 30 days after discharge.

- The organization has a sufficient number of qualified personnel to meet the needs of persons served. Agency staffing are 6 youth to 1 staff during awake hours and 8 youth to 1 staff during sleep hours. Job descriptions are reviewed annually, are thorough and place an emphasis on the applicant maintaining one year sobriety or in recovery in order to work directly with the youth. These employees are held to the organizations policies and procedures as well as their licensing requirements to maintain confidentiality of patient information. The organization has policies and procedures in place to protect and retain administrative and clinical records. Personnel files are kept on all current employees and maintained by Human Resources.

- Client surveys for the 3rd quarter of 2009 resulted in the following remarkable outcomes:

    - 98% surveyed felt the treatment was helping
    - 92% surveyed felt they were treated with respect
    - 96% surveyed felt they were safe
    - 100% surveyed felt their needs are being met

- Agency F has implemented a model of practice that empowers the clients to make decisions for themselves, their peers, and the program. The peer culture was observed to be a major strength and 3/3 youth interviewed expressed very positive feelings towards the agency and its staff.

- Staff morale was observed to be strength. All staff interviewed reportedly was proud to work for Agency F. Several supervisor staff has tenure over 5 years and report being promoted within the agency to their current positions.

- Within the Treatment Community, there is an observable step-down process for when clients depart TC. When departure from TC happens, the majority of clients are recommended to participate in Intensive Outpatient Counseling.

- During the exit conference this reviewer commented on the below information: This reviewer recommended that the Board of Director and Chief Financial Officer assess the benefit of making some improvements to the current facility. This reviewer understands the programs plan to build a new facility in the future, however noted the organization and clients could be at risk due to the location and some of the facilities features i.e.: shower heads, lack of alarm systems on residents sleeping floors and location of lock on hallway doors. The Executive Director also reported the elevator in this building is non-functioning which may make it difficult to serve individuals with some disabilities.

Identification of Trends

Trauma informed care is a concept that is relatively new in the industry, however is thought of as a best practice in the helping profession. Trauma informed care was emphasized during the peer review training and we assumed that there would be various levels of inclusion. Not surprisingly, most reviewers cited this concept as an area for continued improvement. Those programs that did implement some components of trauma informed care generally did not take credit for this treatment philosophy or have its utilization documented.

Another trend noted was the lack of inclusion of patients, past clients, and consumers in either strategic planning or governance committees. Consumer involvement is extremely helpful in gauging effectiveness of the program as well as making suggestions for future improvement and growth.

Establishing a methodology and process to measure outcomes was also a trend in need of improvement. Programs seemed to put little emphasis on improving the response rate of consumer questionnaires, or had very little salient outcome data that could assist with program improvement. Outcome data and follow up with former clients are imperative to ensure quality treatment in the future.

An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. §300x-53(a) and 45 C.F.R. §96.136).

FY2011 – FY2013 (Intended Use/Plan)

The Division of Behavioral Health ensures an Independent Peer Review process to assess the quality, appropriateness, and efficacy of substance abuse treatment services. The Independent Peer Review requires that at least five percent (5%) of the entities providing substance abuse treatment services in the State are reviewed for quality, appropriateness. The Division of Behavioral Health will contract with an organization to carry out the Independent Peer Reviews of identified programs across the State. The programs reviewed are representative of the total population of such entities. Independent Peer Reviewers are individuals with expertise in the field of alcohol and drug abuse treatment.

The reviews will examine the following elements:

- Admission criteria/intake process
- Assessments
- Treatment planning, including appropriate referral, e.g. prenatal care and TB and HIV services
- Documentation of implementation of treatment services
- Discharge and continuing care planning
- Indications of treatment outcomes

The Division of Behavioral Health ensures that the Independent Peer Review does not involve practitioners/providers reviewing their own programs, or programs in which they have administrative oversight, and that there is a separation of peer review personnel from funding decision makers. Independent peer reviews are not conducted as part of the licensing/certification process.

The Division of Behavioral Health includes the Independent Peer Review requirement in the contract with the Regional Behavioral Health Authorities (RBHA). The RBHA's also include the Independent Peer Review requirement in their contracts with treatment providers (subcontractors).
The Division has been contracting for the Independent Peer Review since FY2001 with the same vendor. The Division is examining the current contract deliverables, and at this time has identified enhancements/changes to the future contract which will include:

- The current survey instrument will be revised to address specific programmatic standards for Mental Health and Substance Abuse Services.
- Peer Review processes and activities will be compiled and shared with all service providers across the State with the intent of improving the State's behavioral health service delivery system.
- Each site reviewed will be identified by the type of program (SA, MH, or Dual) in the Annual Report, which will enhance data reporting.
- Each provider will receive a detailed, individualized report in addition to an aggregate report of all agencies reviewed. This will help providers make

DHHSBH-FY10-PEER REVIEW CONTRACT

BETWEEN THE

42214-04

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES 47239-03
DIVISION OF BEHAVIORAL HEALTH
AND

Nebraska Association of Behavioral Health Organizations

This contract is entered into by and between the Nebraska Department of Health and Human Services, **DIVISION OF BEHAVIORAL HEALTH** (hereinafter "DHHS"), and **Nebraska Association of Behavioral Health Organizations** (hereinafter "Contractor").

PURPOSE. The purpose of this contract is to provide Independent Peer Review Services to assess the quality, appropriateness, and efficacy of substance abuse treatment and/or mental health therapy services provided in Nebraska.

I. TERM AND TERMINATION

A. TERM. This contract is in effect from December 1, 2009 until September 30, 2010.

B. TERMINATION. This contract may be terminated at any time upon mutual written consent or by either party for any reason upon submission of written notice to the other party at least Thirty (30) days prior to the effective date of termination. DHHS may also terminate this contract in accord with the provisions designated "FUNDING AVAILABILITY" and "BREACH OF CONTRACT." In the event either party terminates this contract, the Contractor shall provide to DHHS all work in progress, work completed, and materials provided to it by DHHS in connection with this contract immediately.

II. CONSIDERATION

A. TOTAL PAYMENT. DHHS shall to pay the Contractor a total amount not to exceed $24,500 (twenty-four thousand five hundred dollars) for the services specified herein. The funding sources for this contract are as follows:

1. Federal sources:
   a. Substance Abuse Prevention and Training Block Grant (2C09B1NESAPT) ($5,000)
   b. Community Mental Health Services Block Grant (1C09B1NECMHS) ($5,000)
   c. One-Time Funding – Olmstead Grant (SAMHSA) ($4,500)
   d. Alcohol Data Collection Grant (SOMMS) ($3,000)

2. The Contractor shall provide statewide peer review services of Substance Abuse and Mental Health providers including, but not limited to, the following activities:
    a. Identify and train a pool of qualified Peer Reviewers to conduct program reviews, using the agreed upon protocols as outlined in Attachment A of this Contract.
    b. Submit a proposed Peer Review schedule for approval to DHHS in accordance with the requirements as stated in Section III.A.2.c. and d.
    c. Consider the National Accreditation agencies' review dates in determining the schedule of eligible agencies for the current year's Peer Review. Those providers scheduled for Accreditation review shall not have a Peer Review within 6 (six) months of the Accreditation review date.
    d. Conduct reviews of the DHHS-Division of Behavioral Health's funded Mental Health and Substance Abuse service programs. The schedule shall represent a geographical (six Behavioral Health Regions), categorical (Mental Health/Substance Abuse) cross section of the service programs, and meet the requirements of the Block Grants (Attachment B).
    e. Submit a detailed, individual report, both electronically and hard copy, to DHHS upon the completion of each Peer Review, in accordance with the following requirements:
        i. The report will include information related to each provider reviewed, the results of the review, and recommendations for improvements as necessary;
        ii. The report will include the names and credentials of the Peer Reviewers assigned to the review being reported;
        iii. Each provider will receive a detailed, individual report reflecting the results of their review;
        iv. The Regional Program Administrator will receive the detailed, individual provider report for those providers reviewed in their Region.
    f. Submit a final report, both electronically and hard copy, to DHHS reflecting the results of all Peer Reviews conducted during this Contract period, in accordance with the following requirements:
        i. The report will include information related to each provider reviewed, the results of the review, and recommendations for improvements as necessary;
        ii. The report will include the names and credentials of the Peer Reviewers assigned to each review being reported;
        iii. Each provider reviewed will receive the final report reflecting the results of all reviews;
        iv. Each Regional Program Administrator will receive the final report reflecting the results of all reviews;
        v. The final report shall be designed in a manner appropriate for public release.

IV. GENERAL PROVISIONS

A. ACCESS TO RECORDS AND AUDIT RESPONSIBILITIES.

1. All Contractor books, records, and documents regardless of physical form, including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this contract shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. Contractor shall maintain all records for five (5) years from the date of final payment, except that records that fall under the provisions of the Health Insurance Portability and Accountability Act (HIPAA) shall be maintained for six (6) full years from the date of final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of DHHS. All records shall be maintained in accordance with generally accepted business practices.

2. The Contractor shall provide DHHS any and all written communications received by the Contractor from an auditor related to Contractor's internal control over financial reporting requirements and communication with those charged with governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Contractor agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to DHHS at the same time copies are delivered to the Contractor, in which case the Contractor agrees to verify that DHHS has received a copy.

3. The Contractor shall immediately correct any material weakness or condition reported to DHHS in the course of an audit and notify DHHS that the corrections have been made.

4. In addition to, and in no way in limitation of any obligation in this contract, the Contractor shall be liable for audit exceptions, and shall return to DHHS all payments made under this contract for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.

B. AMENDMENT. This contract may be modified only by written amendment executed by both parties. No alteration or variation of the terms and conditions of this contract shall be valid unless made in writing and signed by the parties.

C. ANTI-DISCRIMINATION. The Contractor shall comply with all applicable local, state and federal statutes and regulations regarding civil rights and equal opportunity employment, including Title VI of the Civil Rights Act of 1964; the Rehabilitation Act of 1973, Public Law 93-112; the Americans With Disabilities Act of 1990, Public Law 101-336; and the Nebraska Fair Employment Practice Act, NEB. REV. STAT. §§ 48-1101 to

prepared and issued by an independent certified public accountant licensed to practice. A copy of the annual financial review or audit is to be made electronically available or sent to: Nebraska Department of Health and Human Services, Financial Services, P.O. Box 95026, Lincoln, NE 68509-5026.

Amount of annual federal payments	Audit Type
Less than $500,000	*Audit that meets Government Auditing Standards*
500,000 or more in federal payments	*A-133 audit*

J. DATA OWNERSHIP AND COPYRIGHT. All data collected as a result of this project shall be the property of DHHS. The Contractor shall not copyright any of the copyrightable material produced in conjunction with the performance required under this contract without written consent from DHHS. DHHS hereby reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for state government purposes. This provision shall survive termination of this contract.

K. DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE. The Contractor certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

L. DOCUMENTS INCORPORATED BY REFERENCE. All references in this contract to laws, rules, regulations, guidelines, directives, and attachments which set forth standards and procedures to be followed by the Contractor in discharging its obligations under this contract shall be deemed incorporated by reference and made a part of this contract with the same force and effect as if set forth in full text, herein.

M. DRUG-FREE WORKPLACE. Contractor certifies that it maintains a drug-free workplace environment to ensure worker safety and workplace integrity. Contractor shall provide a copy of its drug-free workplace policy at any time upon request by DHHS.

N. FEDERAL FINANCIAL ASSISTANCE. The Contractor shall comply with all applicable provisions of 45 C.F.R. §§ 87.1-87.2. The Contractor shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.

O. FORCE MAJEURE. Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under this contract due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of this contract. The party so affected shall immediately give notice to the other party of the Force Majeure Event. Upon such notice, all obligations of the affected party under this contract which are reasonably related to the Force Majeure Event shall be suspended, and the affected party shall do everything reasonably necessary to resume

T. INVOICES. Invoices for payments submitted by the Contractor shall contain sufficient detail to support payment. Any terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties.

U. INTEGRATION. This written contract represents the entire agreement between the parties, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this contract.

V. LOBBYING.

1. No Federal appropriated funds shall be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract or (a) the awarding of any Federal agreement; (b) the making of any Federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any Federal agreement, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, the Contractor shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

W. NEBRASKA NONRESIDENT INCOME TAX WITHHOLDING. Contractor acknowledges that Nebraska law requires DHHS to withhold Nebraska income tax if payments for personal services are made in excess of six hundred dollars ($600) to any contractor who is not domiciled in Nebraska or has not maintained a permanent place of business or residence in Nebraska for a period of at least six months. This provision applies to individuals, to a corporation if 80% or more of the voting stock of the corporation is held by the shareholders who are performing personal services, and to a partnership or limited liability company if 80% or more of the capital interest or profits interest of the partnership or limited liability company is held by the partners or members who are performing personal services.

The parties agree, when applicable, to properly complete the Nebraska Department of Revenue Nebraska Withholding Certificate for Nonresident Individuals Form W-4NA or its successor. The form is available at:
http://www.revenue.ne.gov/tax/current/f_w-4na.pdf or
http://www.revenue.ne.gov/tax/current/fill-in/f_w-4na.pdf

X. NEBRASKA TECHNOLOGY ACCESS STANDARDS.
The Contractor shall review the Nebraska Technology Access Standards, found at http://www.nitc.state.ne.us/standards/accessibility/tacfinal.html and ensure that

to the jurisdiction of the Public Counsel under NEB. REV. STAT. §§ 81-8,240 through 81-8,254 with respect to the provision of services under this contract. This clause shall not apply to contracts between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

BB. RESEARCH. The Contractor shall not engage in research utilizing the information obtained through the performance of this contract without the express written consent of DHHS. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this contract.

CC. SEVERABILITY. If any term or condition of this contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this contract did not contain the particular provision held to be invalid.

DD. SUBCONTRACTORS. The Contractor shall not subcontract any portion of this contract without prior written consent of DHHS. The Contractor shall ensure that all subcontractors comply with all requirements of this contract and applicable federal, state, county and municipal laws, ordinances, rules and regulations.

EE. TIME IS OF THE ESSENCE. Time is of the essence in this contract. The acceptance of late performance with or without objection or reservation by DHHS shall not waive any rights of DHHS nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Contractor remaining to be performed.

NOTICES. Notices shall be in writing and shall be effective upon receipt. Written notices, including all reports and other written communications required by this contract shall be sent to the following addresses:

FOR DHHS:	FOR CONTRACTOR:
Nancy Heller DHHS-Division of Behavioral Health PO Box 95026 Lincoln, NE 68509-5026 402-471-7823	Aubrianna Faustman Nebraska Association of Behavioral Health Organizations 1141 H Street, Suite B Lincoln, NE 68508 402-475-0727

ATTACHMENT A

A. The Contractor shall make every effort to maintain a pool of qualified Reviewers with the following professional credentials:
    1. Licensed Mental Health Practitioner (LMHP)
    2. Licensed Alcohol and Drug Counselor (LADC)
    3. Dual-Credentialed with LMHP and LADC
    4. Other Behavioral Health professionals recommended by the Contractor and approved by DHHS

B. The Contractor shall provide DHHS with a list of the qualified Reviewers, including their names and credentials, utilized to conduct Peer Reviews.

C. The Contractor shall make every effort to assign qualified Reviewers to review providers that best match the Reviewer's professional credentials and expertise.

D. The Reviewers shall examine the following information during Independent Peer Reviews:
    1. Admission criteria/intake process;
    2. Assessments;
    3. Treatment planning, including appropriate referrals;
    4. Documentation of implementation of treatment services;
    5. Discharge and continuing care planning
    6. Indications of treatment outcomes; and
    7. Other observations as related to the overall quality and appropriateness of treatment/therapy services, including but not limited to the following:
        a. The Contractor shall design a method to randomly select consumers for Peer Review interviews.
        b. The following questions shall be asked of each consumer selected for Peer Review interviews:
            i. How could you (consumer) be more involved in your Treatment Planning process?
            ii. Tell the reviewer how your life will be improved as a result of participating in this service.

E. The Contractor shall ensure that the Independent Peer Review will not involve practitioners/providers reviewing their own programs, or programs in which they have administrative oversight, and that there be a separation of peer review personnel from funding decision-makers.

F. The Contractor shall ensure that an Independent Peer Review is not conducted as part of the licensing/certification process.

independent peer review is not conducted as part of the licensing/certification process.

(f) The States shall develop procedures for the implementation of this section and such procedures shall be developed in consultation with the State Medical Director for Substance Abuse Services.

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT FUNDING AGREEMENTS

(Attachment A, Section 1943)

(a) The State will:

(1) (A) for the fiscal year for which the grant involved is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved; and

(B) ensure that, in the conduct of such peer review, not fewer than 5 percent of the entities providing services in the State under such program are reviewed (which 5 percent is representative of the total population of such entities);

RECEIVED JAN 28 2010

Attachment 1

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INSERT PROGRAM NAME
AUDIT REQUIREMENT CERTIFICATION

Subgrantees and certain contractors receiving funds from the Nebraska Department of Health and Human Services are required to complete this document. Reference to the Office of Management and Budget Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, in this document is "Circular A-133".

Grant Name _____ **Grant #**_____ **CFDA* #**_____

Program Name, Grant #, and CFDA # need to be filled out by the DHHS program office

*(Catalog of Federal Domestic Assistance)

Contractor's Name St. Monica's Home

Address: 120 Wedgewood Drive

City: Lincoln **State:** NE **Zip Code:** 68510

Federal Tax Identification Number (FTIN) 47-0490169

Contractor's Fiscal Year July 1, 20 09 **to** June 30, 20 10

All written communications from the Certified Public Accountant (CPA) engaged under #1 or #2 below, given to the contractor including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance* must be provided by the contractor to the Nebraska Department of Health and Human Services immediately upon receipt, unless the contractor has directed the CPA to provide the copy directly to the Department and has verified this has occurred.

Check either 1 or 2 and complete the signature block on page 2:

1. ___ **As the contractor named above, we expect to expend less than $500,000 from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are not subject to the audit requirements of Circular A-133.**

   We are, however, responsible for engaging a licensed Certified Public Accountant (CPA) to conduct and prepare either, a review (expenditures less than $75,000) or audit report (expenditures $75,000-$499,999) of our organization's financial statements and a report issued by the CPA. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to the Nebraska Department of Health and Human Services address as shown below within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

Mary Barry Magsamen
Print/Type Name

Executive Director
Print/Type Title

Mary Barry Magsamen
Signature

11/26/10
Date

402-441-3767
Telephone Number

BY-LAWS
As Amended April 4, 2011

Article I – Name of Organization

The name of the organization shall be the State Advisory Committee on Substance Abuse Services (SACSAS).

Article II – Purpose

As provided in Nebraska Revised Reissued Statutes Section 71-815, the committee shall be responsible to the Division of Behavioral Health and shall (1) conduct regular meetings, (2) provide advice and assistance to the Division relating to the provision of substance abuse services in the State of Nebraska, (3) promote the interests of consumers and their families, (4) provide reports as requested by the Division, and (5) engage in such other activities as directed or authorized by the Division. (71-815-sec 2)

Article III – Membership

Section 1

Appointments: The committee shall consist of twelve members appointed by the Governor. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of substance abuse services in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of substance abuse services. (71-815 sec 1)

Section 2

Length of Term: Four of the initial members appointed by the Governor shall serve for three years. Four of the initial members appointed by the Governor shall serve for two years, and four of the initial members for one year. As the terms of the initial members expire, their successors shall be appointed for terms of three years.

Article IV – Voting

Section 1

Quorum: Seven (7) voting members of the Committee present at any called meeting shall constitute a quorum. Once established, a quorum shall be deemed to continue throughout the meeting. All Committee business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established.

Section 2

Conflicts of Interest: A conflict of interest is created through the existence of circumstances where the actions of a member may have an effect of direct financial benefit or detriment to the member, a member of his/her family, employer, business

associate, or business in which the member owns a substantial interest. A member shall disclose the conflict to the Committee and abstain from voting on issues on which there is a conflict. Meeting minutes shall record the name of a member(s), who abstains from voting.

Article V – Officers

Section 1

Selection: Officers of the Committee shall be a Chairperson, Vice-Chairperson and Secretary. Initial Officers shall be appointed by the Division of Behavioral Health at the first meeting and will be elected by the Committee annually thereafter. In the event of a vacancy, the Committee will elect a member to serve the unexpired term of office.

Section 2: The duties of the Officers shall be:

Chairperson – Preside at all Committee and Executive meetings and perform any other duties designated by the Committee.

Vice-Chairperson – Shall act for the Chairperson in his/her absence.

Second Vice Chairperson – Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairperson or Committee.

Section 3

Term: At any time that a member cannot complete the term of office a new election shall be held to fill the vacancy.

Section 4

Executive Committee: The Executive Committee shall consist of the Chairperson, Vice-Chairperson and Second Vice Chairperson. A Chairperson may call the Executive Committee together with the agreement of the Division at his/her discretion.

Article VI – Meetings

Section 1

Frequency: Meetings of the Committee shall be held regularly.

Section 2

Conduct: Meetings shall be held in accordance with the requirements of the Nebraska Public Meetings Law, Neb. Rev. State. Sections 84-1408 through 84-1414. Business should be conducted according to Roberts Rules of Order.

Section 3

Notice: The time, date and location of the next meeting should be determined prior to adjournment of the preceding meeting. Notification of the time, date and location of the next meeting shall be sent within two weeks to all members absent from the preceding meeting. Within thirty days, but not less than seven days prior to the next meeting, the Division shall mail a written reminder and meeting agenda to each Committee member at his/her last known official address. Public Notice of Committee meetings and agendas shall be made by posting to the State of Nebraska Public Meetings Calendar on the internet.

Section 4

Duties of the Division: The Division of Behavioral Health shall provide an orientation to each new Committee member, produce meeting minutes, maintain records of the Committee, and provide secretarial support to the Committee.

Section 5

Expenses: Committee members shall be reimbursed for actual and necessary expenses in the performance of their duties as provided in Neb. Rev. State. Sections 81-1174 through 81-1177.

Article VII – Committees

With the written agreement of the Division, the Chairperson may appoint or otherwise establish ad-hoc task forces comprised of Committee and non-committee members to accomplish a specific task which is relevant to the purpose of the Committee.

Article VIII – Amendments

There shall be a review of the Bylaws a minimum of every three years. A two-thirds majority vote of all Committee members will be required to amend the Bylaws. No Bylaws shall be considered for amendment unless notice of the same shall have been established as part of the meeting agenda, and a copy of the proposed changes has been mailed to members within thirty days, but not less than seven days, prior to the meeting at which the vote will take place.

All alterations, amendments, or new by-laws adopted by the Committee are subject to the approval of the Director of the Division of Behavioral Health or the designated representative for the Director.

_____ _____

Committee Chairperson Date

71-815 State Advisory Committee on Substance Abuse Services; created; members; duties.

(1) The State Advisory Committee on Substance Abuse Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of substance abuse services in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of substance abuse services.

(2) The committee shall be responsible to the division and shall

(a) conduct regular meetings,

(b) provide advice and assistance to the division relating to the provision of substance abuse services in the State of Nebraska,

(c) promote the interests of consumers and their families,

(d) provide reports as requested by the division, and

(e) engage in such other activities as directed or authorized by the division.

Source Laws 2004, LB 1083, § 15; Laws 2005, LB 551, § 5; Laws 2006, LB 994, § 94.